

REVENUE RECOVERY - COLLECTION UNIT

Probation Department

San Luis Obispo County Government Center

2176 Johnson Ave, San Luis Obispo, CA 93408

(805) 781-4174 FAX: (805) 781-4220



STATEMENT OF LOSS

INSTRUCTIONS: Please complete both sides of this sheet. Printing or typing is preferred. If the person(s) responsible for your losses is ordered to make restitution as a condition of probation, the Deputy Probation Officer or the Collection Officer or Collection Staff will use this statement as the basis for establishing the restitution amount. It is to your advantage to provide complete and accurate information. If you suffered no loss, please indicate by signing Section 5 of this form, and return it to the address provided above.

NOTICE: Any person making false statements or exaggerated claims may be prosecuted for attempted theft, per California Penal Code Section 664/484.

Loss Sustained by _____ Date _____ on (Date(s): _____
as a result of the offenses committed by _____
Court Case/PO# _____ Nature of Offense(s) _____

1) Describe your losses here. Attach additional pages only if necessary. Your loss must have been documented by the arresting agency. Please be sure that the total amount of loss is listed below.*

OFFICIAL USE ONLY

PROPERTY LIST (Include make/serial numbers.

Provide bills, receipts, or three (3) estimates of replacement.)

| | AMOUNT |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

| APPROVED |
|----------|
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |

MEDICAL EXPENSES LIST (Provide proof of out-of-pocket expenses.)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

| |
|----------|
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |
| \$ _____ |

LOSS OF EARNINGS (Must provide a letter of verification from employer on letterhead)

Employer's Name: _____
Address _____
City _____
Zip Code _____ Phone # _____
Number of Days off work _____ Loss = \$ _____

\$ _____

***TOTAL LOSSES: \$ _____ ***

\$ _____

2) Please explain if you are unable to provide proof for any portion of your loss.

3) If the amount of loss reported is more than the amount which you reported to the arresting agency, please explain:

Date _____/_____/_____

Approved by _____

PLEASE TURN SHEET OVER AND COMPLETE THE OTHER SIDE

4) If this person(s) is granted probation and ordered to make restitution, indicate the recipient of any monies collected:

Name _____

Address _____

City

State

Zip Code



NOTE: It is your responsibility to notify the Collection Unit of any change of address.

5) Provide the following personal information:

Date of Birth _____ Soc. Sec. # _____ DL# _____

I declare that the foregoing statement of loss is true and correct:

Signature _____

Print Name _____

Date _____ Daytime Telephone # (_____) _____

=====

-----FOR PROBATION USE ONLY-----

=====

This case has _____ codefendants.

Restitution is to be assessed to codefendants as follows:

| Name | Prob. No. | Amount |
|---------|-----------|--------|
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |
| _____ (|) \$ | _____ |

TOTAL \$ _____

COMMENTS:

STATEMENT OF LOSS FORM INSTRUCTIONS

FOR JUVENILE & ADULT RESTITUTION

Please read before filling out attached form

Use the attached form to list the type and the amount of your loss and provide documentation:

Section #1

Property Loss

Legal documents, bills, receipts, and/or estimates of replacement, or repair cost. An estimate can consist of clippings from catalogs, newspapers, magazines, and/or a print out from an Internet site that shows the dollar amount of the same or similar item.

Medical Expenses

Please provide proof of your total loss such as itemized billing statements, prescription receipts, and or any other medically related expenses.

Loss of Earnings

A letter from your employer on company letterhead. The letter should include the number of days and dates missed, the reason for the days missed, your rate of pay, and the total dollar amount of your loss. If you are self-employed please submit a copy of your Federal Income Tax form for the year the offense occurred that reflects the amount you earned for the year.



Attach proof of value for all losses claimed.

Section #2

If you are unable to obtain this information, please provide an explanation.

Section #3

If the amount of your reported loss on this form is more than the amount reported to the police, it should be explained in this Section. Collection Unit reviews the police report in conjunction with the victims' documentation.

Section #4

The name and address is used to mail out the restitution checks. If you move after you submit the Statement of Loss Form you need to submit a Change of Address Form to the Collection Unit.

Section #5

Victim should sign and date the Statement of Loss Form indicating that the Statement of Loss is true and correct. The victim should also provide a daytime telephone number so Collection Unit can contact the victim to clarify information on the Statement of Loss Form.

SUBMIT STATEMENT OF LOSS FORMS AND DOCUMENTATION
TO THE FOLLOWING ADDRESS:

Collection Unit – Revenue Recovery

Probation Department

2176 Johnson Ave

San Luis Obispo, CA 93408

Phone: (805) 781- 4174

FAX Number: (805) 781- 4220